

**Response to the Interim Recommendations of the
Citizens Health Care Working Group - June 1, 2006 (revised July 18)
from the Washington State Ad-Hoc Coalition on the Citizens Health Care Working Group**

August 22, 2006

On behalf of an ad hoc coalition of organizations and individuals in Washington State, we wish to commend you for the careful and extensive work you have done in publicizing your existence, and creating several ways for the public to have input. Certainly we appreciate the Workgroup's efforts to re-start this important national conversation on reform of the health care system, and believe your recommendations can move the United States in the direction of meaningful reform. It is essential that the final recommendations of the CHCWG accurately represent the public input you have received.

We came together in February 2006 to promote participation in the CHCWG Community Meeting in Seattle, as well as the on-line CHCWG poll. We now offer the following response to your Interim Recommendations, based on our ongoing local discussions and analysis of the results from the two polls and all the community meetings posted on your website. In addition, some of our organizations or their national affiliates will offer separate responses.

CHCWG Values & Principles

The Values & Principles are very lofty, especially the first three:

- "Health and health care are fundamental to the well-being and security of the American people."
- "It should be public policy, established in law, that all Americans have affordable health care coverage."
- "Assuring health care is a shared responsibility . . ."

The remaining three Values & Principles then seem to nibble away at the high goals of the first three, by using the concept of "core benefits" and implying that these benefits are not intended to be comprehensive due mainly to considerations of cost. There is also the implication of punishment for those citizens who fail to be "good stewards of their health and health care resources." *We believe that the first three bullets should stand alone as the Values and Principles for a new U.S. national health program.*

CHCWG Interim Recommendations

We believe that your Interim Recommendations do not reflect some of the clear majority opinions reflected in all three sources of public opinion. Most importantly, more than 70% of the participants in CHCWG process favored:

- "Guaranteeing that all Americans have health insurance" as the top priority for public spending, and
- "Create a national health plan, financed by taxpayers, in which all Americans would get their health insurance" as the best option to assure universal coverage.

The CHCWG Report should support, in straightforward language, the establishment of a national health program that will insure all Americans, from cradle to grave, for a defined set of benefits that guarantees access to necessary preventive, primary, specialty and catastrophic care.

We also urge you to reinstate a target date for making health care available to everyone. Your initial Interim Recommendations set a target date of 2012. Note that the Institute of Medicine recently set 2010 as a target date for covering all Americans. We think the latter target date will push us to achieve the goal, and we do not think our country needs - or can afford - to wait six more years to insure all Americans.

Our Proposed Revised Recommendations

Here are our suggestions on Recommendations. We offer a different order from your latest document, in order to point to a strategic sense of the steps that need to be taken.

Recommendation #1: It should be public policy that all Americans have affordable health care. We should have a health care system where everyone participates, regardless of their financial resources, health status, or employment status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security.

Recommendation #2: There should be a national health plan, financed by taxpayers, in which all Americans would get their health insurance. A temporary program should provide relief from unaffordable health care costs in the interim.

Recommendation #3: A sufficiently comprehensive benefit package for all Americans must be defined. This should be done by an independent panel of consumers, providers, other technical experts, actuaries, and financing experts, taking into account evidence-based science and medical effectiveness. These benefits should cover the continuum of care throughout a person's lifespan, and will encompass wellness, preventive services, primary care, acute care, prescription drugs, patient education, treatment and management of health problems – physical, mental and dental - provided across a full range of inpatient and outpatient settings.

Recommendation #4: Support integrated health networks. Community health centers, the Veterans Administration, and other systems are needed to provide for the special needs of certain populations, but no longer to be “safety net providers”. With universal coverage, the goal should be to eliminate racial, ethnic, and geographic disparities in health status.

Recommendation #5: Promote improvement in quality of care and efficiency. The emphasis should be on integrated health care systems, health information and electronic medical record technologies, population-based preventive care and public health functions, management of chronic diseases, and reduction of unnecessary care and administrative waste. The system should enable providers and patients jointly in the stewardship of health care resources.

Recommendation #6: Include in the national health plan coverage of appropriate palliative care, hospice care, other end-of-life services, nursing home care, and support for home care of frail elderly and disabled. People need guidance to increase their understanding of their end of life health care options and access to these services in the environment they or their families choose.

Endorsements for this response from the Washington State Ad-Hoc Coalition on the Citizens Health Care Working Group:

Alliance for Retired Americans – Puget Sound
Alliance for Retired Americans – Washington State
Health Care For All – Washington
Lutheran Public Policy Office of Washington
Northwest Health Law Advocates
Physicians for a National Health Program – Western Washington
NW Federation of Community Organizations
Service Employees International Union, 1199NW
United Food and Commercial Workers, Local 21
United for National Health Care – 2nd Congressional District
Washington Association of Churches
Washington Citizen Action